PEDIATRICS.

UNDER THE CHARGE OF

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Typhoid Fever in an Infant of Nine Months.—W. P. NORTHRUP (*The Medical Age*, May 10, 1900, p. 331) reports a case which he states is the youngest undoubted case of typhoid fever in his experience. At the time of admission to the hospital under Dr. Northrup's care the father and two brothers of the baby were also patients in the hospital suffering from the same disease. The mother was not infected, and nursed the baby at her breast. The infant had been crawling about the bed of its father, sick in his second week, and of a brother, sick seven weeks, the latter the first of the family to be affected. Twelve days before admission a physician took the baby's temperature and told the mother that the baby had the "same sickness" as the father and brothers. For a week before this the passages were frequent and greenish. The temperature was 103° upon admission, the tongue coated, abdomen hard, distended, and tympanitic, the spleen distinctly palpable one and a half inch below the border of the ribs, the liver also enlarged slightly. Rose spots appeared six days after admission to the hospital. The passages continued frequent, soft, and containing mucus and greenish pultaceous masses for about ten days. By the nineteenth day of the disease the temperature began to fall, and the spleen was markedly reduced in size. From the time the family physician first took the temperature to the end of the fever in the hospital was twenty-four days.

The Widal test confirmed the diagnosis only after the temperature had returned to normal.

The feeding of this case is rather interesting. The mother came three times a day to the hospital and nursed the baby. Other feedings consisted of milk diluted with water and lime-water. This mixture seemed to disagree, as indicated by the passages. Modified milk was therefore substituted. The first prescription was: Fat, 2 per cent.; sugar, 5 per cent.; proteids, 0.75 per cent.; ten feedings of two ounces each, of 10 per cent. alkalinity, and Pasteurized at 155° for twenty minutes. This was fairly borne, and the proportions were increased to fat, 3 per cent.; sugar, 6 per cent., and proteids, 1 per cent., which was found to produce flatulence, with mucus and curds in the stools. The prescription was reduced to the former percentages for a few days, when the symptoms were relieved, and the prescription was again changed to the stronger combination. From this point the ingredients of the mixture were gradually increased to a 4-7-2 mixture.

[This case illustrates the point which Dr. Northrup has long maintained, that typhoid fever is a disease to which there is little susceptibility in children under two years of age, except in the presence of an overwhelming poison (multiplied exposures), as was undoubtedly the condition in the case here recorded. It is only the sixth case which Dr. Northrup has observed in patients under two years of age.—ED.]

The Spleen in Rhachitis.—SASUCHIN (*Jahrbuch. f. Kinderheilkunde*, 1900, Band i. (n. s.), S. 297) bases this study upon an examination of the spleen in sixty-six cases of rhachitis in which death had been the result of the cachexia or of an intercurrent malady, most frequently a gastro-enteritis or bronchopneumonia.

Almost always the organ was hypertrophied, the exception being in cases in which athrepsia was advanced, and here the spleen in weight and size was close to the normal or even sometimes manifestly atrophied.

The histological lesions were those of interstitial splenitis. The proliferation of connective tissue ordinarily follows the vessels, whose walls are thickened and whose lumen is reduced. Inflammatory phenomena are shown by the appearance of irregular epithelioid cells with cloudy protoplasm and nuclei staining poorly.

This interstitial splenitis, according to the author, is produced by rhachitis, and cannot be attributed to the later complication, since it is observed in the most varied conditions, while it is entirely absent in non-rhachitic infants that have succumbed to the same complications.

The Palatine Tonsil as a Port of Entry for Tuberculous Infection in Young Children.—Believing that the tonsils are the primary seat of many infectious conditions, FRIEDMANN (*Deutsche medicinische Wochenschrift*, June 14, 1900) has made a study to determine whether the tonsil in childhood may not constitute a frequent port of entry for tuberculosis. The study embraced ninety-one post-mortem cases and fifty-four living subjects. He recognized that tuberculosis of the tonsil may exist either as a primary infection from food or as a secondary infection from sputum containing the bacilli. Contrary to Koch's opinion discrediting the influence of the milk or flesh of tuberculous animals in communicating the disease to man, the author is led to attach considerable importance to this possible method of infection, the more so as secondary infection of the tonsil from the sputum is a comparatively rare condition in childhood.

A Case of Recovery from Tuberculous Cerebro-spinal Meningitis—M. HENKEL (*München. medicinische Wochenschrift*, June 5, 1900) records a case of proven tuberculous cerebro-spinal meningitis in which recovery ensued. Tubercle bacilli were found in the cerebro-spinal fluid. The case ran a long and tedious course, but finally recovery ensued. Internally calomel was the only remedy given, with the addition of a daily bath for ten minutes at a temperature of 95° F., gradually reduced to 85°.

The Prevalence of Rickets in Russia.—STJELBITSKY (*Dietslaya meditsina*, February, 1900) presents a statistical study of the prevalence of rickets in the Tula district, which shows that in this section of Russia, at least, rhachitis is extremely common. Two thousand children were examined, 1000 of